

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

19. Debts OWED BY the committee (use Schedule D)20. Debts OWED TO the committee (use Schedule E)

(CFA-4)
Summary Sheet

S	u	n	ı	n	1	a	r	y	5	Š	h	e
		F	1	LI	=	Ν	U	Μ	В	=	R	

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes x No HAMILTOR		SGURT	3			
COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization)	name					
Berghoff for School Board						
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephor	ne Number			
	(317) 414-0659				
4. Mailing Address (address where all campaign finance correspondence is received)	heck if thi	s is a new addr	ess			
5342 Angel Way				<u> </u>		
5. City, State, ZIP Code	6. Party	y Affiliation <i>(if ap</i>	oplicable)			
Noblesville, IN 46062						
CANDIDATE INFORMATION (For Candidate's C	ommitte	ees Only)				
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If	Independer	nt Candidate		
Patrick Berghoff						
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residen	ce Hamilto	n		
School Board						
TYPE OF REPORT		C	ONVENTIO	N CANDIDATES ONLY		
11. Check one:	_	Ch	neck one:			
☐ Pre-Primary ☐ Pre-Election 💆 Annual ☐ Nomination ☐ Other ☐ Pre-Convention						
X-Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)						
12. Reporting Period:		COLUM	IN A	COLUMN B		
From: 4/10/2010 Through: 12/31/10		This Pe	riod	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		-0-				
14. Cash on hand and investments January 1, current year.				-0-		
CONTRIBUTIONS AND RECEIPTS	_					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		1 00 - 00		1.007.00		
15a. Itemized (use Schedule A)		1,227.83		1,227.83		
15b. Uniternized		-0-	_	-0-		
15c. Add lines 15a and 15b in both columns SUBT	OTAL	1,227.83		1,227.83		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	1,227.83		1,227.83		
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)				_		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		1,227.83		1,227.83		
17b. Uniternized		-0-		-0-		
17c. Add lines 17a and 17b in both columns SUB	TOTAL	1,227.83		1,227.83		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	-0-		-0-		

	CE	RTIFICATION							
	EST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.								
		Title Trecourse	Date 1/17/11						
			Date						
_	WARMING: Any information contained in this monet may not be conic	d for sale or used for any commercial number (IC 3.0.	4.5) A norson who knowingly						

FOR OFFICE USE ONLY



(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page 1 of 1

	_			
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED BY
	Contributions:	PERIOD	YEAR-TO-DATE	KECZIVED BI
1. Patrick Berghoff	X Direct			i
5342 Angel Way	In-Kind (describe)	4	4 007 00	12/31/10
Noblesville, IN 46062		1,227.83	1,227.83	
	Other Receipts:			
	Interest Loan			Berghoff
Contributor's Occupation (if required) Banker	Misc. (specify)			Beignon
2,	Contributions:	***************************************		
-	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)		1	
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan		•	
	Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan		J	j
	Misc. (specify)			
Contributor's Occupation (if required)				ļ
SUBTOTAL 1	\$1,227.83			
TOTAL OF ALL PAGES OF SCHEDULE A				
	15a of the Summarv Sheet)	\$1,227.83		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

F	ILE NUMB	BER	
Page	∍1 1	of	

				1			
PUBLIC QUESTION INFORMATION							
Enter Text of Public Question							
	_						
	Local						
Position: Supported Oppo	osed	·					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZiP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE		
Code O		☐ Direct ☐ In-Kind					
Patrick Berghoff		x Payment of Debt			i		
5342 Angel Way	Banker	Returned Contribution Other	1,227.83	1,227.83	12/31/10		
Noblesville, IN 46062		Purpose:					
Tablestille, II4 40002							
Code		☐ Direct ☐ In-Kind					
Code		Payment of Debt					
		Returned Contribution Other					
		Purpose:					
Code		☐ Direct ☐ In-Kind					
		Payment of Debt Returned Contribution					
		Other					
		Purpose:					
							
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt					
		Returned Contribution					
		Purpose:	18		,		
		☐ Direct ☐ In-Kind					
Code		Payment of Debt					
		Returned Contribution					
		Other Purpose:					
Code		Direct In-Kind					
		Payment of Debt					
		Returned Contribution Other					
		Purpose:					
	SUBTOTAL THIS PAG		\$1,227.83				
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY							